What You MUST Know about

Cholesterol-Lowering Drugs!

By: Shane Ellison M.Sc.

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Author Bio

Shane holds a Master's degree in organic chemistry and has first hand experience in drug design. Abandoning synthetic medicine, he is an independent researcher, a consultant to the nutritional supplement industry and developer of the SafeTaste Certification (TM) seal. Shane is responsible for designing numerous safe and effective nutritional supplements for longevity, fat loss and sports performance. He is a member of The International Network of Cholesterol Skeptics as well as a proud husband and father.

Able to stop prescription drug hype in its tracks and bring safe and effective natural alternatives to the attention of the public, Shane is a menace to those medical doctors who have staked an entire career on asserting that FDA approved drugs are safe and effective.

His extensive study of biochemistry and the use of natural products as medicine have elevated him above mediocre and lazy thinking which runs rampant

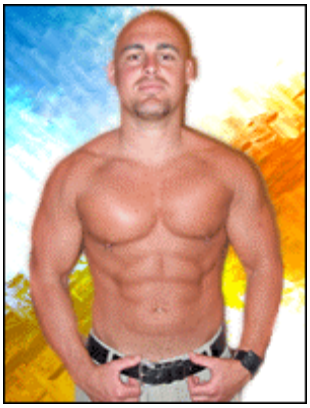
throughout the healthcare industry.

Among nutritionists and dietitians he is an outlaw for his politically incorrect use of various safe and effective nutritional supplements that are rarely a part of mainstream thinking.

While Shane does stand alone in his convictions, he will remain the cure to America's declining health, the worldwide obesity epidemic, heart disease and the deadly, unquenchable thirst for profit among drug companies.

When true health is desired, people look to Shane.

A product of his own knowledge and education, Shane is diligent about living naturally healthy for life – Hype Free.



Preface

As a medicinal chemist specializing in the design and synthesis of prescription drugs, I came across startling evidence surrounding cholesterol lowering drugs. Chemically, these drugs are known as “statins”. Commercially, they are known as atorvastatin (Lipitor), fluvastatin (Lescol), lovastatin (Mevacor), pravastatin (Pravachol), simvastatin (Zocor), and rosuvastatin (Crestor). The evidence I uncovered proved to me, without a doubt, that the belief that cholesterol lowering drugs prevent heart disease was undeniably false. In fact, this belief, being spread by pharmaceutical companies worldwide, could rightfully be considered the biggest (and most dangerous) medical lie in the history of man. Therefore, I thought it of paramount importance to share this info with you.

In line with helping others live healthy, please forward this book (as is) freely to your friends and family. It is my hope that more people become aware of the truth behind cholesterol lowering drugs and heart disease. As awareness increases, the number of deaths from heart disease will decrease.

To Your Health,

Shane Ellison M.Sc.

Turning healthy people into patients

According to the American Heart Association, over 105 million Americans have total cholesterol levels of 200 mg/dL or higher. Having convinced the majority of America that cholesterol is dangerous and that total cholesterol levels should be below 200 mg/dL, drug companies have provided a solution for the millions of people who suffer from the perceived problem of high cholesterol: the cholesterol lowering drugs known as “statins. These drugs were the most widely sold pharmaceutical drugs in 2002. Accounting for 6.5% of the total market share, cholesterol-lowering drugs raked in 12.5 billion dollars! Consequently, you rarely hear the truth surrounding these drugs. Instead, you hear “marketing hype”.

Treading on the lunatic fringe, marketing campaigns for these drugs work aggressively to sell them to every man, women and child under the sun. They do this by asserting that statin drugs are safe and effective for preventing early death from heart disease as well as curing world hunger. Ok, so the last part was an exaggeration, but drug companies are working like mad to convince you that statin drugs are good for treating a barrage of other illnesses, such as Alzheimer’s, stiff joints and cancer. And because this is as absurd as curing world hunger, then they may as well tout their statin drugs for that too!

The Cholesterol lowering drug trial Fallacy

In defense of the safety and effectiveness of statin drugs, drug companies and medical doctors often cite studies known as the "statin drug trials." There have been a myriad of these trials. Most notable are the trials known by their acronyms as ALLHAT, ASCOT-LLA, AFCAPS, WOSCOP, LIPS, GREASE, 4s, HPS, and PROSPER, just to name a few.

These studies were well funded and utilized large populations to analyze the effects of statin drugs on lowering cholesterol and preventing heart disease. Repetitive, mass coverage of the "statin drug trials" has convinced some of the most well-respected health practitioners, medical doctors, and herbalists in the world that lowering cholesterol prevents heart disease. For instance, the wildly marketed book, *The South Beach Diet*, authored by Dr. Agatston, supports the use of statins for lowering cholesterol. The American Heart Association, self-proclaimed authority of cardiovascular health, also promotes the use of cholesterol-lowering drugs. And finally, your family doctor probably adheres to this cholesterol-lowering protocol as well.

At second glance, it is neither logical nor is it scientifically sound to use statin drug trials in defense of lowering cholesterol to prevent heart disease. This is due to the simple fact that statin drug trials have suffered from age and gender bias for close to 10 years. Because all statin drug trials from 1990 to 1999

suffered from both age and gender bias, they eliminated most of the population in their studies, thereby leaving behind valuable information regarding the use of these drugs on other populations. Specifically, statin drug trials were mainly conducted in middle-aged men, and did not study the effects among women, children, and the elderly or ethnic groups.[1] Among these studies were 4S, CARE, LIPID, EXCEL, REGRESS, PREDICT, ACAPS, AFCAPS, WOSCOP, KAPS. There were 19 studies in total.

The General Accounting Office of the United States Government has recognized the bias in the statin drug trials as well and stated:

> "The trials generally have not evaluated the efficacy of cholesterol-lowering treatment for several important population groups, such as women, elderly men and women, and minority men and women. Thus, they provide little or no evidence of benefits or possible risks for these groups."

Stressing this point, In 1995, the *Journal of the American Medical Association* (JAMA) also noted that many of the statin drug trials have not included enough women to allow for sex-specific analysis on the effects of statins in women. Researchers Walsh and Grady from the University of California San Francisco highlighted that there is no evidence from primary prevention trials

[1] Bandyopadhyay, S. et al. "Age and Gender in Statin Trials." *Quarterly Journal of Medicine.* 2001: 94:127-132.

showing that cholesterol-lowering effects among women from the use of statin drugs decreases mortality from heart disease.[2]

Reiterating this point again in 2004, *JAMA* published results found by researchers at the University of California San Francisco, who reasserted the fact that many of the statin drug trials failed to include enough women in their analyses. To remedy this and to find out whether or not statins are safe and effective for women, researchers combined the results of 13 studies where the impact of statin drugs on women was reported. They found that in women who did not have cardiovascular disease, statin drug use failed to reduce total mortality.[3] Interpreting these results to the masses, reporter Roni Rabin for Newsday.com aptly stated, "We've been bamboozled about cholesterol risks."

That statin drug trials failed to look at the effects of these drugs among the elderly resurfaced in 2004. Recognizing the lack of proof that cholesterol-lowering drugs are safe and affective for the elderly, researchers Holme and colleagues further dissected previous results from statin drug trials. In order to distinguish whether statin drugs are effective or not for the elderly, the statisticians and clinicians reviewed the effects of Pravastatin on the elderly by looking at the statin drug trial known as PROSPER. Adding to the PROSPER findings, they gathered results from other trials where small groups of elderly

[2] Walsh, J.M., Grady, D. "Treatment of hyperlipidemia in women." *Journal of the American Medical Association*. 1995 Oct 11; 274(14):1152-8.
[3] Walsh, J.M. Pignone, M. "Drug Treatment of hyperlipidemia in women." *Journal of the American Medical Association*. 2004 May 12;291(18):2243-52.

were used, such as the Heart Protection Study (HPS). Conclusively, these researchers determined that that they found no data to show that statin drugs reduce mortality among the elderly.

Because of this flaw in scientific methodology, one cannot conceivably use the statin drug trials to rationalize prescribing them to the elderly, women of all ages, children or ethnic groups. In other words, prescribing statin drugs to elderly, women of all ages and children, as well as those who are not Caucasian, is a giant leap of faith, as safety and effectiveness has not been shown in these populations. If you are among any one of these populations, then you are using a drug that has no studies showing it to be safe and effective. Essentially, you are acting as guinea pig, in the same way users of the previously removed statin drug known as Baycol were. After killing 200 people, Baycol was withdrawn form the market.

Still though, family doctors and medical associations are recommending statin drugs across the board without thinking twice. Whether it is young men, old men, women, blacks, Mexicans and even children, medical doctors are handing out prescriptions for statin drugs. Drug companies are laughing all the way to the bank, as they make billions every year from the false belief that statin drugs are safe and effective for everyone… even your dog Fido.

At the 12th International Symposium on Atherosclerosis, June 2000, Stockholm, Sweden, Dr. Antonio M. Gotto, Jr., dean and medical provost of Cornell University Medical College, predicted that 50% of the entire US population could be taking statin medication. Dr. Antonio M. Gotto told a press conference that he favored this class of drugs for all men aged more than 45 and women aged 55 plus who had a total cholesterol level over 200 mg/dL, an HDL cholesterol of less than 50 mg/dL and one other risk factor for coronary heart disease. This is absolutely baseless and serves as a poignant example of how medical doctors are deceived.

Statin drugs – Are they safe and effective?

Thinking that the lies and exorbitant use of cholesterol lowering drugs could not get any worse, professionals are unknowingly calling cholesterol-lowering drugs the "new aspirin." More frightening, medical professionals of WebMD are even recommending that children be prescribed cholesterol-lowering drugs![4] Statins are far from being the next aspirin and closer to being the pharmaceutical industry's next "problem child."

Naturally, we can look at the benefits of statins among the population studied in the trials: middle-aged men. Before we do this, we must first understand the definitions of Absolute Risk Reduction vs. Relative Risk Reduction and total mortality. Being alert to this difference is the number one weapon for defending against medical doctors who assume you will blindly take a cholesterol-lowering drug.

Total mortality is the most logical focal point in determining whether or not statin drugs prevent heart disease. Let's elaborate, if one wants to utilize a drug to prevent early death from a given illness, then studies on the particular drug should have results showing that it does in fact prevent early death from the targeted disease while at the same time not eliciting death from all other causes (total mortality). The benefit of using total mortality is two-fold. First, it helps to

[4] http://my.webmd.com/content/article/91/100939.htm.

decipher whether or not the drug works for the prescribed indication. Second, it also helps to determine whether or not the drug caused any deaths from other diseases (i.e. negative side effects). In other words, using the total mortality rate as a focal point of effectiveness ensures that while a drug might prevent a given disease, it does not kill you from cancer, heart attack, or both, hence the term "all-cause."

When reporting total mortality, "absolute" total mortality must be used rather than "relative" total mortality. Don't let medical doctors, drug representatives and "statistical contortionists" convince you otherwise.

The difference between absolute and relative total mortality rates is a very important distinction. Relative risk reduction (RRR) refers to the percentage decrease in risk achieved by the group receiving the drug. Absolute risk reduction (ARR) refers to the actual difference in risk between the treated and the control group.

Let's look at an example of absolute vs. relative. If drug XYZ prevented the illness known as greed by 10% then the relative risk reduction in greed was 10%. Similarly, looking at the control group, who may have received a "placebo" or sugar pill, they had a 9% relative risk reduction in greed. Therefore, the ABSOLUTE RISK REDUCTION of greed by drug XYZ was 1%. If drug XYZ were to be marketed by the manufacturer, it would be deceitfully advertised that

drug XYZ prevents greed by 10%, though in reality it only prevented it by an insignificant 1% (if the manufacturer of drug XYZ paid for the study, then it is likely that the 1% was due to bias).

That the ABSOLUTE RISK REDUCTION was only 1% would be left out of marketing campaigns by the manufacturer of drug XYZ. Instead, they would report to their targeted audience (if it were not a conflict of interest it would most likely be corporate drug pushers) that drug XYZ prevented greed by 10%.

Almost all reports in the popular media and many in medical literature follow this deceitful practice. They present risk results as relative risk reductions rather than absolute risk reductions. This is done to sell more drugs to unsuspecting victims. Relative risk reductions make data seem more impressive than it actually is, especially when it comes to the statin drugs.

When “Absolute Risk Reductions” of total mortality are used as an indicator of the effectiveness of statin drugs, rather than “relative risks” (which are used by the media and doctors to hype drugs and promote their use), statin drug trials fail to show that these drugs prevent early death from total mortality. To quickly highlight this point, we can look to the latest and greatest statin drug Crestor. Crestor plummeted cholesterol levels, yet failed to show any effectiveness as could be seen by a 0% decrease in total mortality rates among users. Thus, the only thing statin drug trials proved was that statin drugs lower

cholesterol by inhibiting an enzyme known as HMG-CoA-Reductase. Regardless of their ability to lower cholesterol, they failed to show that this effect has any benefit to preventing early death from heart disease.

Other drugs, such a Pravachol and their respective drug trials show these same tendencies: that there is no correlation between cholesterol levels and prevention of heart disease. This becomes abundantly clear when we look at absolute total mortality rates.

As taught by Joel Kauffman, PhD, Professor of Chemistry Emeritus, the WOSCOPS trial showed only a 0.9% absolute drop in total mortality among those taking the statin drug Pravachol (pravastatin) over 5 years. With respect to heart attack and stroke, the PROSPER trial showed that Pravachol provided no reduction in events among those who had no previous signs of cardiovascular disease (termed primary prevention) and an absolute reduction of 4.3% among those who did (termed secondary prevention).[5] The 4.3% reduction in events was negated by an increase in the incidence of cancer and stroke. Taking a second glance at the rate of cancer among users of Pravachol, we can look to the CARE trial. Accordingly, it showed a 1500% increase in cancer among users of Pravachol.

[5] Therapeutic Initiative. "Evidence Based Drug Therapy. Do Statins Have a Role in Primary Prevention?" *Therapeutics Letter*. April-May-June 2003. www.ti.ubc.ca.
Therapeutic Initiative. "Evidence Based Drug Therapy. Statins benefit for secondary prevention confirmed." *Therapeutics Letter*. July-September 2003.

Even the most favorable statin drug trials, having minimal conflicts of interest and ethically sound reporting, the Heart Protection Study (HPS), yielded users of Zocor (simvastatin) with only a 1.8% absolute drop in total mortality. Another trial, the 4S trial, showed a minimal 4% absolute risk reduction in total mortality for those taking Zocor (simvastatin).

The ASCOTT-LLA trial**,** designed to identify the benefits of Lipitor, (atorvastatin) showed 0% reduction in absolute total mortality rates among those taking Lipitor. Looking at absolute reduction of heart attack and stroke, Lipitor (atorvastatin) yielded a miniscule reduction of 1.2% over 3.3 years.[6]

Researchers from *Therapeutic Initiatives* performed a meta-analysis[7] of 5 major statin drug trials, these being PROSPER, ALLHAT-LLT, ASCOT-LLA, AFCAPS and WOSCOPS. In the pooled data of these trials, statin drugs provided a total Absolute Risk Reduction in total mortality of 0.3% among those who showed no signs of having cardiovascular disease (primary prevention).[8] With respect to preventing heart attack and stroke, the five combined studies showed that statins prevented these events by a mere 1.4%. Utilizing LIPS, PROSPER, GREASE, and HPS, a meta-analysis shows that statin use

[6] Kauffman, JM. "Bias in Recent Papers on Diets and Drugs in Peer-Reviewed Medical Journals." *Journal of the American Physicians and Surgeons*. 2004;9(1).

[8] Therapeutics Initiative. "Evidence Based Drug Therapy. Do Statins have a Role in Primary Prevention?" April-May-June 2003. The University of British Columbia. www.ti.ubc.ca.

prevented total mortality by 1.8% among those who showed signs of having cardiovascular disease (secondary prevention).[9]

The statin drug trials make it clear that the drugs lower cholesterol while providing little to no benefit of heart disease prevention. Utilizing L-arginine, pine bark, vitamin C, a combo of B12 and folic acid, and/or omega-3 fatty acids would provide significantly greater protection from heart disease (see end of chapter for details). Relative to statin drugs, the use of these nutrients would not be accompanied with negative side effects and inflated costs.

As the incidence of heart disease continues to grow, so will the availability of prescription drugs that are purported to prevent or heal. Most recently, the "polypill" serves as a perfect example. As the love affair with profits from statin drugs continues, so-called experts are now recommending that they be combined with other drugs.

Hailed as a "strategy to reduce cardiovascular disease by more than 80%," authors and patent holders to the concoction assert that everyone should use this pill over the age of 55.[10] Yes, everyone on the entire planet. Can you believe that daring assertion by so-called scientists?

[9] Therapeutics Initiative. "Evidence Based Drug Therapy. Statins Benefit for Secondary Prevention Confirmed. What is the optimal dosing strategy?" *Therapeutics Letter*. July-September 2003. The University of British Columbia. www.ti.ubc.ca.
[10] Wald, N.J. Law, M. R. "A strategy to reduce cardiovascular disease by more than 80%." *British Medical Journal.* 2003. June 28; 326 (7404):1419.

Wald and Law propose a cocktail of a statin drug, three blood pressure lowering drugs, an angiotensin-converting enzyme inhibitor, folic acid and aspirin to be used to battle heart disease. That these “scientists” would recommend such heavy use of drugs is laughable and sad all at the same time.

Their assertion is based on an analysis done by computer, which looked at all previous studies of the individual components of the drug stack. In other words, they failed to do any medical examination whatsoever. They never studied the interactions that these drugs might have with each other once consumed as the ‘polypill’. They never studied the long-term effects of the ‘polypill’. And they never considered whether or not it is safe among men, women, the elderly or ethnic groups! Not to mention that the main ingredient, a statin drug, is among the most dangerous drugs ever promoted for human consumption. Yet, these patent holders can get away with making false claims for an imaginary drug and recommend its use among EVERYONE over the age of 55, all based on computer evaluation. This is incredulous. Trailblazers of the scientific method are rolling over in their graves.

The only thing that could disgrace the scientific community more would be the approval of leading journal editors. And not surprisingly, this is exactly what happened. The editor of the *British Medical Journal* (*BMJ*) appears to have sold his soul to pharmaceutical interests. Upon release of the biased paper, his suggestion was that we "keep this issue of the *BMJ*. It may well become a

collector's item. It's perhaps more than 50 years since we published something as important as the cluster of papers from Nick Wald, Malcolm Law, and others." He is right on one point. This paper published by the *BMJ* is a collector's edition. Never in the history of the *BMJ* have they ever published such absurdity. Never in the history of the *BMJ* have they recommended a pill to an entire population without any one ever studying its real-life effects or even swallowing the damn thing! Never!

Hidden dangers of statin drugs

Statins are a textbook case of the "cure" being more deadly than the disease, and this is when they are used alone. To combine them with other drugs would be a death sentence.

Any benefits from statin drugs are canceled by negative side effects. These dangers rarely discussed. Unknown to the public and most doctors, cholesterol lowering drugs can be life threatening.[11] In a letter to the *Archives of Internal Medicine*, Uffe Ravnskov MD, PhD and colleagues show that in two of the three clinical trials that included healthy people, the chance of survival was better without the use of cholesterol lowering drugs.[12] Numerous medical journals have shown that cholesterol-lowering drugs significantly increase one's risk of suffering from loss of memory (transient global amnesia) and loss of mental focus, cancer, CoQ10 deficiency (paradoxically, low CoQ10 leads to congestive heart failure), rhabdomyolysis, and erectile dysfunction.

Because cholesterol works to ensure the integrity of the myelin sheath (responsible for carrying electrical messages throughout the brain for memory and focus), a logical hypothesis is that lowering it can have a negative effect on memory and focus. Observing the effects of statin drugs, which significantly lower cholesterol, we find that this hypothesis may hold true among users. Dr.

[11] Cohen, S. Jay. *Over Dose.* 2001. ISBN 1-58542-123-5.
[12] Uffe Ravnskov, et al. "Letter to Archives of Internal Medicine." Submitted on July 20,2002.

Graveline, MD, a NASA astronaut, flight surgeon, family doctor and author of "Lipitor – Thief of Memory," claims he lost his memory after six weeks of using Lipitor. From his testimony we learn that he could not recognize his house or his wife after using the statin drug Lipitor. His memory loss lasted for six hours at a time. After quitting the drug, his lapses in memory ceased.

Dr. Graveline is not alone in his experience. Loss of memory from using statin drugs has become so widespread it has caught the attention of CBS News, who reported the findings of researcher Dr. Beatrice Golomb, assistant professor of medicine at the University of California in San Diego. She states that: "We have people who have lost thinking ability so rapidly [from using statins] that within the course of a couple of months they went from being head of major divisions of companies to not being able to balance a checkbook and being fired from their company."[13]

Most notably, it appears that cholesterol-lowering drugs also increase one's risk of developing cancer. In their study published in the *Journal of the American Medical Association* (*JAMA*), Thomas B. Newman, MD, MPH, and co-workers show that all cholesterol lowering drugs, both the early drugs known as fibrates (glofibrate, gemfibrozil) and the newer drugs known as statins (Lipitor,

[13] O'Fallon, Ill., May 24, 2004. *CBS Evening News.* "Statins' Mind-Boggling Effects."

Pravachol, Zocor), cause cancer in rodents at the equivalent doses used by man.[14]

Interestingly, these facts are not reflected in the highly coveted Physicians Desk Reference (PDR). For instance, the PDR shows that cancer is a side effect for fibric acid derivates and statins only when as much as 10 times of the recommended human dose is used. This is a blatant lie.

Dr. Gloria Troendle, deputy director for the Division of Metabolism and Endocrine Drug Products for the FDA, noted that the cholesterol-lowering drug gemfibrozil belonged to a class of drugs that has repeatedly been shown to increase death rates among users. Moreover, Dr. Troendle stated that she does not believe the FDA has ever approved a drug for long-term use that was as cancer causing at human doses as gemfibrozil.

Others shared these same concerns about gemfibrozil. Elizabeth Barbehenn, PhD, concluded to the FDA, "fibrates must be considered as potential human carcinogens and their carcinogenic potential should be part of the risk benefit equation for evaluating gemfibrozil."

Ignoring these facts, the pharmaceutically campaigned FDA approved these drugs, despite having a majority vote among their advisory committee!

[14] Newman, Thomas B. et al. "Carcinogenicity of Lipid-Lowering Drugs." *Journal of the American Medical Association*. January 3, 1996-Vol 275, No. 1.

Specifically, when asked to vote whether or not the cholesterol-lowering drug gemfibrozil should be approved for prevention of heart disease, only 3 out of 9 voted in favor of approval. Unfortunately, these votes are only "advisory" and the FDA decided to approve gemfibrozil for human consumption against the better judgment of the committee.

Of course, the extrapolation of evidence of cancer from rodent to human is very uncertain. And this is the argument of those in favor of using cholesterol-lowering drugs. The argument would be plausible in that such an extrapolation would only hold true if human studies also showed an increase in cancer rates. And in fact, that is what scientists are seeing. Reported in the *Lancet*, Shepard and colleagues for PROSPER noted that "new cancer diagnoses were more frequent on pravastatin [Pravachol] than on placebo [those not taking the drug]".[15] Evidence from the cholesterol-lowering drug trial known as CARE (Cholesterol And Recurrent Events) showed a 1500% increase in breast cancer among women taking Pravachol (a cholesterol-lowering drug made by Bristol-Myer Squib).[16]

In a huge blow to the statin-dealing drug camp, Dr. Joseph Mercola outlines the mechanism by which cholesterol-lowering drugs cause cancer. As published in *Nature Medicine,* Dr. Michael Simons of Beth Israel Deaconess

[15] Shepard, J. et al. "Pravastatin in elderly individuals at risk of vascular disease (PROSPER): a randomized controlled trial." *Lancet*. 2002 Nov 23:360(9346):1623-30.
[16] *New England Journal of Medicine.* 1996 Oct 3;335(14):1001-9.
http://www.ravnskov.nu/ncep_guidelines.

Medical Center in Boston shows that statin drugs mimic a substance known as vascular endothelial growth factors (VEGF). The biochemical VEGF promotes the growth of new blood vessels, a process known as angiogenesis. While angiogenesis may help the growth of arteries, the benefit is quickly negated by the potential for growth of cancer. Specifically, the *British Journal of Cancer* reports that VEGF plays an important role in the spread of colorectal cancer. Further, for those who already have tumors, VEGF significantly diminishes their survival time.[17] [18]

The fact that cholesterol-lowering drugs can potentially cause cancer at doses commonly used by humans will never be accepted as mainstream knowledge. Drug company-funded studies for cholesterol lowering drugs are conveniently short in nature, typically 5 years or less. It takes decades for cancer to develop. In fact, even heavy smoking will not cause lung cancer within 5 years.[19] Yet it is a well-known fact that smoking leads to lung cancer. Therefore, as long as statin drug trials last only 5 years, this side effect will continue to fly below the radar.

The list of negative side effects from cholesterol-lowering drugs goes on. Researchers from the University of Denmark report that about 15% of cholesterol-lowering drug users over the age of 50 will suffer from nerve damage

[17] Akagi K. et al. "Vascular endothelial growth factor-C (VEGF-C) expression in human colorectal cancer tissues." *British Journal of Cancer.* 2000 Oct;83 (7):887-91.
[18] *Nature Medicine*. September 2000;6:965-966, 1004-1010.
[19] Ravnskov, Uffe. "Statins as the new aspirin." Letters. *British Medical Journal.* 2002; 324:789 (30 March).

as a direct result of using statin drugs.[20] USA Today reported, "Statins have killed and injured more people than the government has acknowledged."[21]

Learning about the number of negative side effects associated with cholesterol-lowering drugs makes one wonder what the hell is going on! The negative side effects or serious adverse events (SAE) mentioned above are not well known among medical doctors simply because they are rarely published. For instance, the *British Medical Journal* (*BMJ*) has reported that of 164 statin drug trials reviewed; only 48 reported the number of participants with one or more negative side effects caused by the drug.[22] *Therapeutics Letter* reports that among the trials that did report SAE's, they failed to identify what the SAE's were.[23]

Fortunately, 50% of those who take cholesterol-lowering drugs quit within the first year due to negative side effects. Considering that medical doctors utilize the statin drug trials as their primary source of information, it is unlikely that the 50% of patients who stay on cholesterol lowering drugs will ever become aware of the serious adverse events associated with cholesterol lowering drugs, even when they fall victim to them.

[20] Julie Appleby and Steve Sternberg, *USA Today.* 08/20/2002.
[21] Sternberg, Steve. *USA Today.* 08/20/2001.
[22] Law, M.R. et al. "Quantifying effect of statins on low density lipoprotein cholesterol, ischaemic heart disease, and stroke: systematic review and meta-analysis." *British Medical Journal.* 2003, June 28; 326 (7404): 1423.
[23] Wright, M. Jim. et al. "Analysis of serious adverse events. Lipid-lowering therapy revisited." *Therapeutics Letter.* 2001;42:1-3.

How to avoid the dangers of cholesterol lowering drugs

The cost of these drugs explains their popularity. Not able to patent natural medications, drug companies would be out of business overnight if the masses began utilizing these nutrients instead of statin drugs. And considering the money that drug company's pump into research labs, many scientists would be forced out of jobs. To add to the financial crisis that would occur, pharmaceutical stocks would plummet. Thus, it is the financial benefit, not the health benefits, which makes these drugs successful. As a consequence, it is rare that the masses would learn of the benefits of the aforementioned nutrients.

To ensure that you do not fall victim to the hype and greed, here are three questions to ask your doctor before filling the prescription:

- What is the ABSOLUTE reduction in total mortality rates among users of the drug?
- What are the negative side effects of using the drug?
- Are there any natural alternatives?

If these questions cannot be answered to your satisfaction, think twice before filling the prescription. Statin drugs do not prevent early death from heart disease, despite their cholesterol lowering effects. Greedy drug manufacturers

and statistical contortionists who work relentlessly to prove that statin drugs are safe and effective have hoodwinked medical doctors and patients.

Nutrition Cocktails for Complete Risk Reduction of Heart Disease

The risk of suffering from heart disease is determined by numerous factors. Focusing on one factor, while ignoring others, inevitably increases our chances of suffering from this top killer. In contrast, focusing on numerous factors could potentially afford complete risk reduction. Such factors include restoring endothelial function, lowering platelet aggregation (preventing clots), moderating blood pressure, increasing blood circulation, preventing plaque buildup, using an anti-inflammatory, preventing oxidative stress with an antioxidant, providing the heart with optimal energy in the form of fatty acids, lowering homocysteine levels, and preventing insulin resistance.

Several nutritional supplements have proven beneficial in the pursuit of complete risk reduction of heart disease. Science has transcended to the point that it has elucidated a myriad of nutritional approaches that are, to say the least, amazing in their ability to prevent heart disease and reverse heart disease. Visit www.healthmyths.net to learn about them, their proper dosage, and best time to take them.

Continuing Education

Shane is also the author of the highly acclaimed, shocking and controversial book Health Myths Exposed.

By purchasing this book you will learn the secrets of:

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- How to naturally increase sex drive by 75%
- How to protect your children from FDA approved drugs
- Fast acting natural cures to joint pain and stiffness caused by osteoarthritis
- How your family doctor is being lied to about FDA approved drugs
- How medical journals hide the deadly facts about FDA approved drugs from medical doctors
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